

NoHo Senior Villas

Announces the October 2012 Opening – NoHo is now offering one bedroom supportive housing homes designed for households with **at least one person 55 or older who is certified as MHSA eligible and actively receiving services** by the Department of Mental Health.

Dear Applicant(s)/Case Manager(s),

Thank you for your interest in applying to live at NoHo Senior Villas (NoHo). NoHo is a community for seniors located at 5525 Klump Avenue in the NoHo Arts District of North Hollywood in Los Angeles, CA. The project site is located within a close walking distance to the Metro Red Line Subway, Metro Orange Line Busway, numerous local bus lines, and a variety of restaurants, shops, and other amenities. This site will be a newly constructed five-story, LEED for Homes Platinum development with 48 one-bedroom, one-bathroom units and 1 two-bedroom manager's unit. The one-bedroom units will include a full kitchen and bathroom. Some units will have a Juliette balcony or a full balcony. All forty-eight rental units will be restricted to seniors 55 years of age and older. Four units are readily ADA accessible. Thirty units are reserved for homeless, eighteen of which will be for chronically homeless households who are certified as MHSA eligible and actively receiving services by the Department of Mental Health. These thirty units will be furnished with a bed, bedside table, loveseat sofa, dining table, chairs, and basic kitchen and bath accessories. All rental units will be located on floors two through five, which will be served by an elevator.

The ground floor will feature a lobby, a manager's office with adjacent sitting area, a 600 square foot community room with community kitchen, and a landscaped courtyard. In addition, the ground floor will offer two offices dedicated to the onsite resident services coordinator and case manager, a flex office with a sink, a conference room, and a break room for staff. Supportive Services will be provided by PATH Ventures (PV) for our residents in a positive, caring environment. The fifth floor will also include a community laundry room with 5 washers and 5 dryers, which will open up to a landscaped roof deck. For the enjoyment of the residents the ground floor courtyard will offer a shade tree, patio furniture, and a central water feature and the roof deck will offer patio furniture and large planters with plants and flowering bushes. An on-grade, gated and covered parking lot will be located away from the street in the rear of the project and will offer 25 regular and 2 handicapped parking spaces. The building will be approximately 46,400 square feet. Affordable rents are income-restricted in accordance with the Low Income Housing Tax Credit (LIHTC) program and other regulatory agreements. We also accept Section 8 and VASH Vouchers.

MHSA Units – Please refer to second page for definitions and more details	Number of Units	Income Limits by AMI	Other Restrictions
	18	25%	Chronically Homeless
	12	30%	Homeless

To apply, please mail the completed signed Application along with the approved DMH MHSA Housing Certification application and MHSA Agency Verification of Homelessness as soon as possible to:

NoHo Senior Villas
c/o PATH Ventures (PV)
Attn: Claudia Garcia
340 N. Madison Avenue
Los Angeles, CA 90004

To enable us to process your application, please make sure to submit a completed application signed by each adult applicant (18 years and older). Incomplete applications may be rejected.

All applications received and approved by PATH Ventures by July 30th, 2012 will be included in a lottery. Applications approved by PATH Ventures after July 30th will be placed in the waiting list in the order they are received after the initial lottery.

Please mail your application via US Post Office mail only. We will NOT accept applications that are over-nighted, faxed or hand-delivered. Please take your time in accurately completing the application, and mail it as soon as possible. Each household may only submit one application. Duplicate household applications will be removed from the lottery. Please submit only one application.

- **Income and other restrictions apply. See reverse side for more information.**
- **Units comprised of full-time students do not qualify unless exempted by Section 42 of the Internal Revenue Code.**



EQUAL HOUSING OPPORTUNITY
(818) 753-6971 Telephone Device for the Deaf: 711



Below is a list of frequently asked questions. Our complete Resident Selection Criteria is available upon request. We look forward to serving your housing needs.

What are the Occupancy Standards at NoHo?

Bedroom Size	Minimum Number of Persons in Household	Maximum Number of Persons in Household
1 Bedroom	1	2

What are the Income Limits and Rents? (Subject to Change):

# of Units	Unit Size	Net Rent*	AMI %	1 Person Max Annual Income	2 Person Max Annual Income
18	1	\$355	25%	\$14,775	\$16,875
12	1	\$434	30%	\$17,730	\$20,250

*Approximate rental rates based upon current income limits published by the U. S. Dept. of Housing & Urban Development. Rental rates subject to change. MHSA approved residents will pay 30% of their income towards the rent gross. There are no minimum income requirements for MHSA units.

Definitions:

“Homeless” applicants must meet criteria below:

- Moving from an emergency shelter; or
- Moving from transitional housing; or
- Currently homeless which means:
 - An individual who lacks a fixed, regular, and adequate nighttime residence; or
 - An individual who has a primary nighttime residence that is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and Transitional Housing for the mentally ill); or
 - An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

“Chronically Homeless” applicants must meet criteria below:

- Individuals (including accompanied individuals) who have been continuously “Homeless” for a year or more during the past three years; or
- Have experienced four or more episodes of sustained homelessness during the past three years.

Is Parking available?

There will be a lottery for the limited number of regular parking spaces at the end of the lease up. All residents will be required to provide copies of current auto registration, and valid insurance in order to park at NoHo Senior Villas.

Are pets allowed?

Residents may not keep any type of pet on the premises, with the exception of those persons with disabilities requiring service animals, or as otherwise required by law.

What if I need changes in the way I communicate with you?

If as a result of a disability you need changes in the way we communicate with you, please contact us by calling The John Stewart Company at **(213) 787-2700**



APPLICATION FOR ADMISSION - DO NOT DUPLICATE
NoHo Senior Villas - MHSA Units



One Bedroom MHSA homes for households with at least one person 55 or older who is certified as MHSA eligible by the Department of Mental Health.

NoHo Senior Villas will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS related condition. TDD Telephone device for the deaf only (888) 877-5379 or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

CURRENT ADDRESS: _____ **APT. #:** _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____

CELL PHONE #: _____ **E-MAIL:** _____

REFERRING CASE MANAGEMENT ORGANIZATION:

ORGANIZATION: _____

ADDRESS: _____

PHONE #: _____ **EMAIL:** _____

NAME OF CONTACT: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

	LAST NAME	FIRST NAME	BIRTHDATE (MM/DD/YYYY)	SOC. SEC. #
1.	_____			
2.	_____			

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above?

____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? ____ YES ____ NO. Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a crime?
 ____ YES ____ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property?
 YES. ____ If "YES", name of employee: _____ NO. ____

Do you have a section 8 voucher or certificate? ____ Expiration Date: ____
 Yes No

Have you been displaced by a redevelopment project in the City of Los Angeles? ____
 Yes No

Please list at least two (2) years of Housing History below.

1. **CURRENT LANDLORD:** _____
 PHONE #: _____ FAX #: _____
 WHAT IS YOUR CURRENT RENT? _____
 LANDLORD'S ADDRESS: _____
 DATE OF MOVE-IN: _____
 YOUR ADDRESS/APT. #: _____
2. **PREVIOUS LANDLORD:** _____
 PHONE #: _____ FAX #: _____
 RENT AMOUNT: \$ _____
 LANDLORD'S ADDRESS: _____
 DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
 YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

Income

Monthly Gross Income

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am self-employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> / <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive unemployment benefits.	\$ _____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive periodic social security payments. <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Supplemental Security Income (SSI). <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive disability or death benefits other than Social Security. <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am currently receiving child support payments.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources _____ and _____ Household Member 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive student financial aid (public or private, not including student loans). <u>Household Member</u> 1) _____ 2) _____	\$ _____ \$ _____
		TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
		TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)	\$ _____

Asset Information

			Interest Rate	Cash Value
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a checking account(s). If yes, list bank(s) _____ and _____ Household Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a savings account(s). If yes, list bank(s) _____ and _____ Household Member 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a revocable trust(s). If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we own stocks, bonds, or Treasury Bills. If yes, list sources/bank names 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names _____ and _____ Family Member 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) _____ and _____ Family Member 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have cash on hand.		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

Student Status

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Does your household require special unit design features for mobility impairment? Yes_____ No_____

Does your household require special unit design features for visual impairment? Yes_____ No_____

Does your household require special unit design features for hearing impairment? Yes_____ No_____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. I/We agree to allow management to contact, provide status and information request through and coordinate eligibility with the case management organization listed on the front page of this application.
8. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

*How did you hear about our apartment community?

____ Newspaper ____ Flyer ____ Word of mouth

____ Other (please state) _____

Thank you.

NoHo Senior Villas

GROUND'S FOR DENIAL OF RENTAL APPLICATION

We welcome your application to rent an apartment at NoHo Senior Villas. It is the responsibility of each applicant to provide any and all information required to determine eligibility. **Persons with Disabilities may be entitled to reasonable accommodations.** Applicants will be made aware of their right to reasonable accommodation in cases where disability status is a contributing factor to poor credit or evictions. The following lists the reasons why we might deny your application:

1. **Credit** (An exception for extraordinary medical expenses may be permitted.)
 - a) Total unmet individual credit problems (including governmental tax liens) in excess of \$5,000.
 - b) A bankruptcy (within the last three years).
 - c) A total of five (5) unmet credit obligations of any value.
2. **Rental History**
 - a) A judgment against an applicant obtained by the current or previous landlord.
 - b) An unmet obligation owed to a previous landlord or negative landlord reference.
3. **Personal History**
 - a) A history of violence or abuse, (physical or verbal), in which the applicant was determined to be the antagonist.
4. **Criminal History**
 - a) A criminal conviction related to the sales or manufacturing of narcotic or illegal substances.
 - b) A criminal conviction related to a violent crime.
 - c) A criminal conviction relating to a sex offense.
5. **Annual Income/Occupancy standard/other program regulations**
 - a) Annual Income (including assets) not within the established restrictions for the property.
 - b) Household size must meet the established occupancy standard for the property.
 - c) Applicant must meet all program regulated eligibility requirements.
 - d) Units composed entirely of full-time students do not qualify to reside in tax credit properties. However, there are exceptions as outlined by the IRS under Section 42 of the Internal Revenue Code.
6. **Documentation**

Each potential occupant must provide all documentation required by the selection process. If an applicant does not show up for an interview, or provide at a minimum the following documentation it is grounds for denying your application:

 - a) Completed and signed application, release of information, and application fee (If applicable).
 - b) Housing references covering the last two years of residency.
 - c) Applicants who have not held a rental agreement for a minimum period of twelve months within the last two years may be required to provide references from a person not related to the applicant.
 - d) Applicant must demonstrate their ability to pay rent and live independently with assistance if necessary.
 - e) Proof of income sources and assets, including most recent three months income payments (i.e. pay check stub, social security or other independent verifications).
 - f) Copy of most recent bank statements or other accounts (IRA, stocks, mutual funds, etc.)
7. **Offer of an Apartment**

Applicants will be offered only one apartment. Declining the offer of an apartment is considered to be a withdrawal of the application by the applicant.

Our complete Resident Selection Criteria is available at the Rental Office upon request.

EQUAL HOUSING OPPORTUNITY

MHSA Housing Certification Application

Section 1. Referral Source		FOR OFFICE USE ONLY	
<input type="checkbox"/> MHSA Housing Program <input type="checkbox"/> MHSA Housing Trust Fund <input type="checkbox"/> Both		Date Received ____/____/____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date ____/____/____ Initials _____	
Referring Agency _____			
Address _____		City _____ Zip Code _____	
Contact Name _____		Phone _____	
Email _____			
Section 2. Applicant Information			
Name _____		Phone Number/Message Number _____ Date _____	
Social Security Number _____		Date of Birth _____ Gender _____	
Mailing Address (Address Where Mail Can Be Received) _____		City _____ Zip Code _____ IS Number _____	
Section 3. MHSA Eligibility Criteria (check all that apply)			
<input type="checkbox"/> Adult or older adult with a severe and persistent mental illness (as defined in Welfare and Institutions Code 5600.3) <input type="checkbox"/> Child/adolescent with severe emotional disturbance (as defined in Welfare and Institutions Code 5600.3) <input type="checkbox"/> Individual has a co-occurring mental health and substance abuse disorder <input type="checkbox"/> Current mental health service provider: _____			
Section 4. Homeless or At Risk of Homelessness Status (check all that apply)			
Length of most recent episode of homelessness: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Living on the streets <input type="checkbox"/> Living in an emergency shelter or in transitional housing <input type="checkbox"/> Living in an institutional setting (e.g. jail, juvenile hall/camp, psychiatric hospital or IMD) and will be homeless upon release <input type="checkbox"/> Lacking a fixed, regular and adequate nighttime residence <input type="checkbox"/> Temporarily living in a residential care facility <input type="checkbox"/> Facing eviction & unable to identify a new residence </div> <div style="width: 45%;"> <input type="checkbox"/> Living in an overcrowded setting in which they do not hold a lease <input type="checkbox"/> Living in substandard housing subject to an official notice to vacate <input type="checkbox"/> Paying more than 50% of income in housing costs <input type="checkbox"/> "Doubling up" or "couch surfing" due to economic hardship <input type="checkbox"/> Living in motels, hotels, trailer parks or camp grounds <input type="checkbox"/> Victim of domestic violence who is unable to obtain housing <input type="checkbox"/> Other (please explain): _____ </div> </div>			
Section 5. Income			
Sources (check all that apply):		Benefit Establishment Status (if applicable):	
<input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> Unemployment <input type="checkbox"/> SSDI <input type="checkbox"/> Social Security <input type="checkbox"/> None <input type="checkbox"/> SDI <input type="checkbox"/> CalWORKS <input type="checkbox"/> Other (list below): _____ <input type="checkbox"/> GR <input type="checkbox"/> Wages/salary _____		Type of benefit: _____ Date Application Submitted ____/____/____ Pending Denied Appealed Type of benefit: _____ Date Application Submitted ____/____/____ Pending Denied Appealed	
Section 6. Desired Location			
Address of Unit Requested (if known):		Requested Service Area(s):	
Street Address _____ Unit/Apt. _____		<input type="checkbox"/> SA 1: Antelope Valley <input type="checkbox"/> SA 2: San Fernando/Santa Clarita Valleys <input type="checkbox"/> SA 3: San Gabriel Valley <input type="checkbox"/> SA 4: Metro <input type="checkbox"/> SA 5: West <input type="checkbox"/> SA 6: South <input type="checkbox"/> SA 7: East <input type="checkbox"/> SA 8: Harbor	
City _____ State _____ Zip _____			
Section 7. Household Size			
(attach additional page if necessary)			
<input type="checkbox"/> 1 person <input type="checkbox"/> 2 people <input type="checkbox"/> 3 people <input type="checkbox"/> 4 people <input type="checkbox"/> Other _____			
If more than one person is checked above, complete the following:			
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Date of Birth: _____		Date of Birth: _____	
Age: _____		Age: _____	
Signed Authorization to Disclose Client's Protected Health Information attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Codes, Civil Codes and Health Information and Portability Act (HIPPA) Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.			
Applicant Signature _____		Signature of Representative from Referring Agency _____	
Date _____		Date _____	
Send to: Department of Mental Health Housing Policy & Development Attn: Housing Coordinator 695 S. Vermont Ave, 10th floor Los Angeles, CA 90005 fax (213) 637-2336			

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES
MENTAL HEALTH SERVICES ACT - HOUSING PROGRAM
AGENCY VERIFICATION OF HOMELESSNESS

Indicate the Individual's Current Living Situation – Check All that Apply

I certify that _____ is
(Name of Applicant)

HOMELESS

- ☐ an individual who lacks a fixed, regular, and adequate nighttime residence (attach letter acknowledging current living situation with co-signature of program head, manager or director); or
- ☐ an individual who has a primary nighttime residence that is –
 - ☐ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) - *(Complete and attach MHSA Certification of Residence Form)*;
 - ☐ an institution that provides a temporary residence for individuals intended to be institutionalized - *(Complete and attach MHSA Certification of Residence Form)*; or
 - ☐ a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings *(attach letter acknowledging current living situation with co-signature of program head, manager or director)*.
- ☐ victim of domestic violence who is unable to obtain housing - *(attach letter explaining current circumstances with co-signature of program head, manager or director)*.

CHRONICALLY HOMELESS

- ☐ Unaccompanied individual with a disabling condition who has been chronically homeless, living on the streets, emergency shelter or lacking a fixed, regular and adequate night-time residence.
 - ☐ continuously homeless for one (1) year - *(attach documentation of one (1) year of continuous homelessness acknowledging living situation with co-signature of program head, manager or director or complete MHSA Certification of Residence Form if applicable)*.
 - ☐ experienced at least four (4) episodes of homelessness in the past three (3) years – *(attach documentation of each homeless episode and housing/homeless history during the past three (3) years with co-signature of program head, manager or director)*.

Referring Agency Name: _____

Address: _____ Email: _____

Case Manager's Name/Signature _____

Date: _____ Telephone Number: _____

Program Head's Name/Signature: _____ Date: _____